United Nations E/ICEF/2017/P/L.13

Economic and Social Council

Distr.: Limited
18 July 2017

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Somalia

Summary

The country programme document (CPD) for Somalia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $40,740,000 from regular resources, subject to the availability of funds, and $227,011,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-12151X (E) 070817

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Programme rationale

1. On 1 October 2015, Somalia became the 196th nation to ratify the Convention on the Rights of the Child. This milestone, coupled with the notable attention to children's rights in the National Development Plan (NDP), represent significant opportunities for the next UNICEF Somalia country programme. The NDP underlines the critical importance of nutrition, strongly references social protection and its significant links to poverty reduction and commits to developing Somalia-appropriate indicators and targets aligned with the Sustainable Development Goals.

2. The first constitutionally mandated Upper House of Government and the peaceful presidential elections held in February 2017 demonstrate increased political commitment. The Federal Government of Somalia is internationally recognized (since 2012), but governance capacity remains limited. Conflict and destruction in the north, where two regional authorities, Somaliland and Puntland, emerged in the 1990s and have attained modest levels of governing capacity. More recently, new federal states have emerged across the central and southern regions of Somalia. The widely consulted Wadajir Framework of the Federal Government provides a road map for how the states and their increased level of representation and accountability will put the nascent decentralization strategy into practice.

3. Somalia is emerging from the prolonged period of state collapse that followed civil war and conflict. Security and access remain a challenge in many areas, not least due to the presence of armed anti-Government entities.

4. Children and women face more difficult challenges in Somalia than almost anywhere in the world, with the fourth-highest gender inequality index rating globally and exceptionally high population growth, fertility, child and maternal mortality rates. In 2012, 73 per cent of the population was below the age of 30 years; the median age is 16.3 years, making it the fourth youngest country in the world. Such a youthful population can constitute a demographic dividend in some countries, but in Somalia the challenging context renders it more of a burden. A lack of employment opportunities in both rural and urban areas leaves young people prone to frustration, insecurity and, increasingly, to recruitment by armed groups of all types or to desperate, dangerous attempts at migration.

5. The Somali people, particularly women and children have some of the worst health indicators in the world. Despite modest improvements in maternal and child mortality rates[1] over the past five years, inequity among communities means that some children and mothers are disproportionately exposed to avoidable and treatable diseases. The under-5 mortality rate of 137 per 1,000 live births is the third highest in the world. Neonatal deaths (in the first 28 days of life) are among the world's highest: 732 of 100,000 live births. Somali women face a higher lifetime risk of maternal death – one in 22 – than women in all but two other countries.

6. Child deaths from malaria have declined dramatically, but progress towards reducing rates of acute respiratory infections and diarrhoea in children under the age of 5 years and improving overall immunization rates (45 and 51 per cent for measles and pentavalent vaccines, respectively) is insufficient. Adult HIV prevalence has been reported at 0.5 per

[1] UNICEF, World Health Organization (WHO), World Bank, United Nations. Levels and trends in child mortality: Report 2015. New York, USA: UNICEF, 2015. https://www.unicef.org/publications/files/Child_Mortality_Report_2015_Web_8_Sept_15.pdf.

cent.[2] Of the 30,000 estimated people living with HIV, 9 per cent are estimated to be receiving treatment. Although new HIV cases among pregnant women in Somalia decreased from 0.9 per cent in 2009 to 0.28 per cent in 2014, stigma towards those with HIV remains high.

7. Global acute malnutrition (GAM) has varied between 12 and 14.9 per cent over the past five years. The annual case load of acute malnutrition, according to the findings of the post-Deyr[3] 2017 Food Security and Nutrition Analysis Unit seasonal assessment, is an estimated 944,000 children, including 185,000 children suffering from severe acute malnutrition (SAM). The nutrition situation of internally displaced persons (IDPs) is particularly critical.

8. Undernutrition is thought to be the underlying cause of 45 per cent of deaths of children under the age of 5 years. In some parts of Somalia, levels of GAM for children under 5 years is often above the critical level as a result of drought, underlying vulnerabilities caused by years of conflict, the collapse of basic social services and an erosion of resilience over time. Stunting, with the exception of Kismayo IDPs that reported a very high rate (more than 40 per cent), is not a significant public health concern. Anaemia and vitamin A deficiency affect a high number of children and mothers; approximately half of all women in Somalia suffer from anaemia. Given that Somalia is chronically food insecure, dietary diversity is poor, reflecting the inadequacy of food access and availability. An evaluation of exclusive breastfeeding coverage confirmed that negative perceptions were the main barriers to breastfeeding among mothers, in addition to a correlation between higher levels of maternal education and the likelihood of seeking more healthful dietary options and taking iron-folate supplements. Somalia became a member of the Scaling-Up Nutrition movement in 2014.

9. Over 47 per cent of the population lacks access to safe drinking water. Water is usually seen as an economic rather than a social good in Somalia. Limited regulation of private water suppliers allows operators to charge extortionate prices, forcing households to fetch water from contaminated sources. Water collection is the responsibility of women and girls, a time burden that limits their participation in employment and education, and increases exposure to risk. Given the common practice of open defecation and the absence of a system for monitoring and controlling bacteriological water quality, the majority of open wells and even shallow boreholes are polluted. In emergencies, cross-contamination of water supplies with faeces is even more acute, as populations gather in crowded camps with limited practice of life-saving behaviours, such as the use of latrines, handwashing with soap and point-of-use water treatment. Outbreaks of cholera and other faecal-oral diseases are predictable outcomes of such conditions.

10. At 24 per cent in 2015, the incidence of diarrhoea in children under the age of 5 years has not changed much over the past decades, despite the rise in the use of improved water. The trend is similar for urban and rural children; rates are higher for poorer families and less-educated mothers. An average of one in five people uses improved water and sanitation, although practice varies greatly between urban and rural populations: approximately half of urban dwellers use improved services compared with just 4 per cent of those in rural areas. Urban dwellers benefit from greater choice and access, while rural

[2] UNICEF, State of the World's Children Report, 2016.

[3] The Deyr rains are the shorter of the two main rainfall seasons in Somalia.

dwellers rely more on self-supply options (i.e., shallow wells, open defecation/unimproved latrines) due to isolation and lower population density.

11. Somalia has one of the world's lowest proportions of primary-age children attending primary school. More than half of all children are out of school; children who attend primary school tend to start at a later age, with girls' participation consistently lower than boys. Among the main reasons are lack of money, geographical access, infrastructure and trained teachers; weak quality-assurance systems; competing domestic burdens for children, particularly girls; and insufficient domestic financing for education, which ranges from 2 to 6 per cent of national budgets. More children of primary age attend traditional Qur'anic schools than formal education. Less than one-quarter of children achieve minimum learning competencies by grade 4. High primary-school attrition rates (exceeding 50 per cent in parts of Somalia) demonstrate the challenges resulting from low-quality teaching and learning, as well as weak service provision, particularly for socially excluded children. Educational inequities are also stark: the gross enrolment rate (GER) is under 4 per cent for pastoralist children and under 17 per cent for internally displaced children. Adapting educational approaches to reach pastoralist and agro-pastoralist communities, which comprise close to 60 per cent of the population, is critical as traditional educational formats do not suit their nomadic lifestyle or economic needs.

12. Girls' participation in education is consistently lower than that of boys. Fewer than 50 per cent of girls attend primary school, and only 25 per cent of women aged 15 to 24 are literate. Yet, overall participation and literacy rates are only slightly better for boys. Lack of female teachers, safety concerns and social norms that favour boys' education are cited as factors inhibiting parents from enrolling daughters in school. Conditions for secondary education are worse, with a GER of only 26 per cent nationally. The most-excluded adolescents and youth are those living as IDPs or in rural settings.

13. The protective environment for children and women is extremely limited. Children separated from their families due to displacement and poverty are exposed to high risk of exploitation, trafficking, violence and abuse; children of IDPs and minorities are particularly vulnerable. Societal acceptance of domestic violence and corporal punishment stands between child victims and justice. A lack of legislation enables children to engage in hazardous work, many becoming child soldiers. Children are often seen as an economic resource. The risk of rape and other forms of sexual violence is widespread;[4] stigma prevents the reporting of incidents. Prosecution and convictions for rape and other sexual violence are rare. Customary law is a means of recourse, but girls and women lack any voice in such fora. Female genital mutilation/cutting (FGM/C) and child marriage are prevalent. Ninety-eight per cent of women between 15 and 49 years of age have undergone some form of FGM/C – the highest rate in the world. About 10 per cent of marriages occur before the girl is 15 years old, and about half before they are 18.

14. Recruitment or the use of children by armed groups and forces is sometimes considered as a means to escape poverty. The same armed groups and forces detain, kill, maim, rape and sexually abuse children. In 2016 alone, over 4,887 grave violations by armed groups and forces were recorded, affecting 688 girls and 3,369 boys.

15. Somalia faces recurrent climatic shocks. In 2017, the humanitarian situation rapidly deteriorated due to a drought that began in 2016 and affects almost the entire country.

[4] For more information see J. Gardner and F. Musse, *A Gender Profile of Somalia*, 2013.

Should the 2017 Gu* season perform poorly and humanitarian assistance not reach populations affected by drought, there will be a risk of famine, reminiscent of that in 2011. The situation jeopardizes the survival and well-being of children, as well as the development gains made over the past few years.

16. Lessons learned during the previous country programme confirm that good progress is possible despite these challenges. UNICEF has learned to be agile in responding to humanitarian crises while at the same time strengthening national systems and capacities to sustain basic services. More focused inter-agency collaboration and partnerships have been instrumental in ensuring that much-needed services reach the most vulnerable children. UNICEF has the comparative advantage of working holistically, not only across sectors but also across the humanitarian and development continuum. Building the resilience of government and community partners has significantly contributed to the achievement of results for children and women.

Programme priorities and partnerships

17. The UNICEF country programme will contribute to ensuring that all children in Somalia, especially, the most vulnerable, are healthy, in school, protected from harm and living in resilient communities with access to government-led social services. The country programme is aligned with (a) the Sustainable Development Goals; (b) the draft UNICEF Strategic Plan, 2018-2021; (c) the draft Somalia National Development Plan and other development plans; and (d) the United Nations Strategic Framework.

Programme approaches and strategies

18. To ensure that all children in Somalia have a fair chance in life, equity (encompassing gender equality and social inclusion) is core to the programme. UNICEF will support national policies and programme design to address inequality among children. Programming will respond to specific socioeconomic exclusion of minority groups (including Bantu communities) or marginalized children. Geographical targeting will focus on hard-to-reach children. Gender priorities will be incorporated into sector strategies. Technical partnerships with civil society organizations will be designed to enhance equity approaches.

19. Somalia has been affected by humanitarian crises for more than 25 years and is characterized by protracted crises. UNICEF will ensure that humanitarian investments articulated in the annual report on Humanitarian Action for Children respond to humanitarian needs and contribute to long-term development. Strategies will include (a) timely humanitarian assistance; (b) reaching the most deprived and vulnerable children and women; and (c) strengthening government and community capacity to respond to crises and humanitarian needs through the resilience programme. UNICEF will play an active role in coordination, especially through its leadership of the nutrition and water, sanitation and hygiene (WASH) clusters and the child protection sub-cluster, and its co-leadership of the education cluster.

20. UNICEF will build community and systems resilience efforts in high-risk and fragile contexts affected by recurrent climatic and other shocks and stresses by linking behaviour

* The Gu rains are the longer of the two main rainfall seasons in Somalia.

change, multisectoral approaches, capacity strengthening and equity strategies. UNICEF will enable sustainable, accountable, transparent and inclusive service delivery in communities by building on participatory planning, management and monitoring systems. Efforts to strengthen staff, partner and government capacity for risk-informed programming will be sustained, in order to support and protect results in high-risk and fragile contexts.

21. Communication for development (C4D) and behaviour change are integral to the programme, promoting changes in social norms and practices among families and communities in an effort to break through the cycle of inequities, gender discrimination and vulnerability. C4D will contribute to accelerating the achievement of programme results by engaging and empowering key stakeholders (girls and boys, their mothers and fathers and community members) to be actively involved in their own development. C4D will play a crucial role in supporting awareness-raising among community members. A key area of focus will be mass media and interpersonal community-based strategies; interactive and entertainment-based platforms; and information and communication technologies and social media-based platforms. To ensure success, the strategies applied will be tailored to the needs of different groups.

22. A significant focus will be on capacity, systems and institutional strengthening. UNICEF will strengthen capacities for coordination, planning, management and accountability, as well as data management, legislation and policy development. Simultaneously, UNICEF will support government and local partner capacity for service delivery, including strengthening the capacity of frontline workers and logistics management in order to enhance the coverage, quality and sustainability of basic services, with a focus on the most marginalized and disadvantaged children. In alignment with the Grand Bargain commitment made at the 2016 World Humanitarian Summit to deliver at least 25 per cent of humanitarian funding to local responders, UNICEF will continue strategic engagement with local actors. Investing in national non-governmental organizations (NGOs) will include (a) equity focus of service delivery mechanisms; (b) results based management; and (c) further development of monitoring tools.

23. UNICEF will continue to nurture partnerships by working closely with key government entities at national and sub-national levels, as well as the World Bank and other multilateral partners, bilateral donors, academia, private sector and NGOs. Through partnerships, UNICEF will seek to address policies, systems and service-delivery bottlenecks. Enhanced partnerships will support equitable access to services, as will partnerships with media and civil society to support behaviour change and community outreach initiatives to promote child-friendly practices in diverse communities. Finally, UNICEF will enhance its partnership with the Somali diaspora on issues that influence the well-being and rights of children. UNICEF will work closely with sister United Nations agencies, including the Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), United Nations Assistance Mission in Somalia (UNSOM), World Food Programme (WFP) and World Health Organization (WHO), and intergovernmental bodies to deliver results for children.

24. Priorities in social policy will entail unpacking the systemic exclusion of minority groups, particularly as child well-being is directly affected by governance and budgeting decisions. Efforts under way with the International Budget Partnership will be linked with wider public-finance management and child-friendly budgeting initiatives. UNICEF will foster dialogue, building upon its convening power to broker relationships across different

change agents, from engagement with line ministries to parliamentarians; federal, state and local authorities; civil society; the private sector; and children. At the core will be the effort of UNICEF to support the Government to uphold its commitment to the Convention on the Rights of the Child.

25. Communication and advocacy are aimed at leveraging evidence-based data and information to create an enabling environment at all levels, particularly through the media, community meetings, individual champions and the dissemination of material to mobilize political will and community engagement to implement the Convention on the Rights of the Child, respect child rights and address inequities affecting children. Capacity-strengthening for Somali journalists on child rights and modalities of reporting will be a priority.

26. UNICEF will use its convening role to bring together local and national organizations for collective lobbying on children's issues. UNICEF will expand its outreach through print, broadcast and digital outlets to engage Somalis, the diaspora and international audiences on child-rights issues and on the work of UNICEF in Somalia, to fuel social engagement and increase private and public resources for children.

Programme priorities[6]

27. The country programme will comprise seven programme components, described below. There will be an equal focus on upstream and downstream work, including multisectoral approaches to strengthen the resilience of children, mothers and communities.

Health

By 2020, increased proportions of Somalis, especially mothers and children, have equitable access to and use essential health services in targeted areas.

28. This component will be focused on the first 1,000 days life. It is designed to support the supply of quality services and demand for services, while strengthening government capacity and systems to steer and oversee health services. The programme will prioritize routine immunization, the interruption of polio, the essential package of health services to reduce infant and maternal mortality rates[7] and reduction in malaria prevalence. Health systems strengthening priorities will include focus on information systems, supply chain, logistics, human resource management and health financing. UNICEF will work with the Government to develop appropriate health policies, strategies and evidence to inform planning and decisions.

Nutrition

By 2020, increased proportions of girls and boys under the age of 5 years and women have equitable access to and use essential services and adopt optimal nutrition practices to reduce all forms of malnutrition, with a focus on vulnerable IDPs and emergency-affected communities.

29. This component will also be focused on the first 1,000 days life. UNICEF will support the Government and the Somalia secretariat of the Scaling Up Nutrition (SUN) movement

[6] All strategies are designed to enhance cross-sectoral linkages.
[7] Trends in Maternal Mortality: 1990 to 2015; WHO, UNICEF, United Nations Population Fund, World Bank Group, United Nations, p. 89.

to promote a holistic approach to nutrition focusing on developing costed nutrition response, strengthening national nutrition management systems and the government capacity to lead nutrition programming, the development of a human resource strategy for the sector and expansion of a nutrition pre-service curriculum and in-service training in academic institutions. UNICEF will also build the capacity of mothers, caregivers and their communities to promote preventive behaviours and increase demand for services such as therapeutic and outpatient programmes.

By 2020, increased numbers of people, especially women and girls, socially excluded groups and others in vulnerable situations, are healthy and live in resilient communities, access affordable and equitable WASH services and abandon open defecation.

30. To ensure that more people have equitable access to affordable water, sanitation and hygiene (WASH) services, fewer people practise open defecation and that children live in a safe and clean environment, UNICEF will focus on the provision of water supply, WASH promotion and WASH in emergencies. UNICEF will strengthen government capacity to develop and implement WASH-sector policies and strategies that include public-private partnerships. The programme will also reinforce the accountability between communities and water users, policymakers and service providers.

Education

By 2020, the GER for primary school has increased by 9 per cent, ensuring safe, equitable and quality education, with improved learning outcomes for learners at the pre-primary, primary and secondary levels, with a focus on the most-disadvantaged and vulnerable children, especially girls, populations and geographic areas.

31. UNICEF will focus on retention in school, learning at early-grade levels; teacher quality; education-sector management and its impact on inclusive education service-delivery; and education in emergencies. It will strengthen the institutional capacity of government partners, private education foundations and local NGOs to provide efficient and inclusive education services and improve access to quality learning, learning outcomes and greater resilience among children, families and communities across humanitarian, post-conflict recovery and development contexts.

Child protection

By 2020, increased numbers of children in Somalia are protected from all forms of abuse, neglect and exploitation.

32. UNICEF will focus on supporting an enabling environment to develop policy and legislative frameworks; achieve systems strengthening and effective partnerships for child protection; ensure access to adequately staffed child-protection services, facilities and information; promote an environment of demand; and ensure quality through adherence to required national or international standards. The programme will promote social norm change around FGM/C, gender-based violence, birth registration and child marriage; establish effective community-based and formal child-protection systems (ensuring reintegration programmes for children affected by armed conflict (including child soldiers); strengthen government capacity and workforce professionalism; and develop legislative and policy frameworks that protect boys and girls from abuse.

Social protection

By 2020, more children receive assistance through pilot social-protection programmes designed to enable all children to fully participate in the social and economic development of the nation and reach their full potential.

33. Social protection plays a key role in increasing household resilience to shocks and stresses – from the loss of employment, death or illness to conflict-related displacement and drought. UNICEF will concentrate on two areas: (a) building a social-protection framework, including the institutional arrangements for management, institutional criteria and delivery systems for social-protection interventions, including cash transfers; and (b) promoting the social and economic inclusion of children and youth in urban areas, focusing specifically on evidence-generation, policy dialogue and advocacy; partnerships and cross-sectoral linkages; and technical capacity-strengthening.

Programme effectiveness

UNICEF, the Government and partners adopt improved practices for effectively planning, implementing and monitoring programmes and delivering quality, multi-sectoral and equity-focused results.

34. This component will be focused on providing oversight and ensuring effective planning, management, implementation, operational support (including staff and premises safety and security), risk management, programme assurance, and monitoring of the country programme, in coordination with Government counterparts and other national and international development partners. It will promote the use of innovative and participatory approaches to increase public awareness and understanding of child rights in Somalia; promote the positioning of children at the centre of the national development agenda; promote positive individual behaviour and social change; and strengthen the resilience of communities and authorities to deliver services. The programme will also ensure accountability and transparency to all stakeholders, through risk management and effective budget management.

Summary budget table[8]

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	5 790	97 686	103 476
Nutrition	5 700	11 988	17 688
Water, sanitation and hygiene	3 900	32 951	36 851
Education	3 900	50 220	54 120
Child protection	6 750	7 274	14 024
Social protection	1 200	1 458	2 658

[8] Given the size of the humanitarian programme, the estimated emergency budget for the country programme period is $391.2 million.

Programme effectiveness	13 500	25 434	38 934
Total	**40 740**	**227 011**	**267 751**

Programme and risk management

35. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for the alignment of results and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures. The country office will maintain a core staffing structure, but remain flexible to scale up or down with temporary support, on the basis of contextual changes. More than half of the country office staff is currently based inside Somalia, and this presence will be continued and strengthened during the new country programme, starting with a move of the senior management team from Nairobi to Somalia in 2018.

36. UNICEF will implement a risk-management strategy to mitigate high risks to programme results, such as insecure access to populations in need, ensuring predictable and sustainable funding to development and humanitarian programming, and limited capacity and accountability of partners. UNICEF will continue to manage risk through the implementation of the harmonized approach to cash transfers, staff and third-party field monitoring to support programme implementation. In addition to monthly management team and programme staff meetings, thematic working groups will function in support of the programme (section heads, emergency management, resilience, C4D and operations). In addition, the resource mobilization task force, partnerships review committee, risk committee and research committee will meet regularly. A focus on results and value for money will be central to the work of the organization. UNICEF is a member of the United Nations-wide operations management and programme management teams, technical arms of the country team. UNICEF will maintain field offices in Mogadishu, Baidoa, Galkayo, Garowe and Hargeisa to support programme planning, implementation and monitoring in the zones.

Monitoring and evaluation

37. Greater accountability and programme adaptation is an important element of the NDP. Alongside other partners, UNICEF will strengthen the monitoring and evaluation capacity of the Ministry of Planning, Investment and Economic Development, as the ministry responsible for development cooperation and other line ministries. Real-time monitoring systems using technology, such as SMS-based platforms, and regular third-party monitoring, will continue in conjunction with field-monitoring by staff and partners. UNICEF will collaborate with UNFPA to support the Government in implementing the Demographic and Health Survey (DHS), and establishing baselines for monitoring the NDP.

38. For UNICEF, monitoring and evaluation will include measuring progress, supporting equity and bottleneck analysis and strengthening capacities in gender programming, results-based management and partner programme management. Efforts will include planning,

tracking and reporting on field monitoring, including the management of third-party monitoring in inaccessible areas.

39. CPD results and indicators are aligned to national and regional monitoring-and - evaluation frameworks, and will be monitored through mid-year and annual reviews with government and other partners. Monitoring will include attention to equity and gender and building these issues into data-collection systems to tackle key national and subnational bottlenecks and influence programme design and implementation.

Annex

Results and resources framework

Somalia – UNICEF country programme of cooperation, 2018-2020

Convention on the Rights of the Child:
Articles 1-3, 6-7, 9, 12-13, 17, 19-20, 22, 24, 26-30, 32, 34 and 36-40

Sustainable Development Goals: 1-6, 9, 10, 13 and 16

National Priorities: Somalia National Development Plan (draft): Chapter 3: Consolidating Peace, Inclusive Politics, Security and Rule of Law Chapter 7: Social and Human Development, Chapter 9: Building Resilience Capacity, Chapter 11: Effective Plan Management, Implementation, Monitoring and Reporting

United Nations Strategic Framework strategic and programmatic commitments involving UNICEF: 3 (Enhanced promotion of human rights and protection, including child protection and conflict-related sexual violence), 5 (gender and women, peace and security), 6 (youth, peace and security, empowerment), 7 (enhancing humanitarian collaboration with development partners on reducing risk, ending need and tackling underlying causes), and 8 (Supporting the nascent development trajectory of Somalia)

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2020, increased proportions of Somalis, especially mothers and children, have equitable access to and use essential health services in targeted areas.	Children < 1 year receiving DTP-3 at the national level B: 53% (2015) T: 70%	Health Management Information System (HMIS) data	1. Seventy-five per cent of health facilities are equipped and 90 per cent of community health workers have skills to provide quality essential health package of services and primary care services, respectively 2. The four health system components (human resource, HMIS, supply chain and logistics and health financing) for effective and efficient services are in place	Local and international civil society organization (CSO) partners, federal and regional sectoral ministries, United Nations (WHO and UNFPA) and donors	5 790	97 686	103 476
	Percentage of adults and children with HIV known to be on treatment 12 months after the initiation of antiretroviral treatment B: 80% (2016)	World Health Organization (WHO) data					

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	T: 85%		and functional.				
	Percentage of births delivered in a health facility B: 18% (2015) T: 40%	HMIS data	3. Appropriate health policies, strategies, plans and evidence are available for planning and decision-making.				
	Proportion of population (in targeted districts) that slept under an insecticide treated net the previous night B: 17% (2015) T: 70%	Malaria Indicator Survey conducted every two years					
2. By 2020, increased proportion of girls and boys under the age of 5 years and women have equitable access to and use essential services and adopt optimal nutrition practices to reduce all forms of malnutrition, with a focus on vulnerable IDPs and emergency-affected communities.	Proportion of children (under 5 years) receiving vitamin-A supplements twice per year B: <10% T: 30%	Coverage survey	Strengthened and functional multisector humanitarian and development coordination mechanisms are in place and evidence-based, equity-focused nutrition policies, code strategies and plans are developed and/or reviewed.	Local and international CSO partners, federal and regional sectoral ministries, United Nations (WFP and FAO), SUN secretariat and donors.	5 700	11 988	17 688
	Proportion of pregnant women who received multiple micronutrient supplements B: <30% T: 50%	Coverage survey	2. Improved, integrated, quality basic nutrition services for children and pregnant and lactating women, including IDPs, are available.				
	Proportion of children (0-6 months) who are exclusively breastfed B: 33%; T: 45%	National nutrition survey/Infant and Young Child Nutrition assessment/Demographic and Health Survey (DHS)	3. Individuals, households and communities have improved knowledge of essential nutrition behaviours and increased capacity to plan, manage and monitor recurrent shocks and stresses.				
	Proportion of children (6-59 months) with severe acute	Coverage survey	4. Government and partners have enhanced capacity to deliver, monitor and report on services, strengthening the quality of nutrition programmes.				

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	malnutrition, including IDPs, who are admitted into treatment B: Central South regions 48%; Puntland 65%; Somaliland – N/A T: 75% all regions						
3. By 2020, increased numbers of people, especially women and girls, socially excluded groups and others in vulnerable situations, are healthy and live in resilient communities, access affordable and equitable WASH services and abandon open defecation.	Propo tion of the population using a basic water facility B: national 53%; rural 37%, urban 76% T: national 65%, rural 50%, urban 80%	Knowledge, attitude and practice (KAP) survey, DHS, multiple indicator cluster survey (MICS)	1. Increased number people, in rural areas, small towns and urban centres as well as at schools and health centres have access to safe and affordable drinking water, especially women and girls. 2. Increased number people in rural, urban and peri-urban areas, small towns and at schools and health centres have access to adequate and equitable sanitation and hygiene services and are empowered to end open defecation. 3. Emergency-affected people are provided with lifesaving WASH interventions, especially women and girls. 4. A strengthened enabling environment and accountability structure within line ministries exists to support WASH at all levels, including the delivery of adequate, equitable and affordable WASH services.	Local and international CSO partners, federal and regional sectoral ministries, United Nations (WHO and FAO/Somalia Water and Land Information Management (SWALIM), donors.	3 900	32 951	36 851
	Proportion of the population practising open defecation B: National 37%; Rural 55%, Urban 19% T: National 25%; Rural 40%, Urban 15%	KAP survey, DHS, MICS					
4. By 2020, the GER for primary school has increased by 9 per cent, ensuring safe, equitable and quality education,	Primary school GER B: 32% T: 41%	Statistical yearbooks of ministries of education/Educatio nal Management	1. National capacity to deliver quality primary school education is improved and there is increased availability of quality primary	Local and international CSO partners, federal and regional sectoral ministries, United	3 900	50 220	54 120

UNDAF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
with improved learning outcomes for learners at the pre-primary, primary and secondary levels, with a focus on the most-disadvantaged and vulnerable children, especially girls, populations and geographic areas.		Information System (EMIS)	education services 2. 150,000 excluded children and adolescents have access to formal or alternative pathways to primary education. 3. Education ministries have reliable data management, credible accountability structures and quality assurance mechanisms in place and domestic financing for education is increased by 5 per cent. 4. Increased country-level capacities (Government and communities) to respond to emergencies are increased, with 120,000 children accessing education in emergency situations, including IDPs, host communities and returnees.	Nations partners, (Global Partnership for Education, UNESCO and the World Bank) and donors.			
	Survival rate to grade 5 B: 50% T: 65%	Statistical yearbooks of ministries of education/EMIS					
	Percentage of children at the end of grade 3 achieving minimum proficiency levels in literacy and numeracy in supported schools B: 20% T: 35%	Early grade reading assessment system					
	National budget allocation to education sector B: 6% T: 9%	Ministry of Finance					
5. By 2020, increased numbers of children in Somalia are protected from all forms of abuse, neglect and exploitation.	Percentage of children whose birth is registered B: 3% T: 15%	National survey/routine data	1. Communities, families and boys and girls themselves have strengthened capacity to protect children and women from violence and exploitation and to eliminate harmful practices (changing social norms). 2. Government welfare and justice institutions in Somaliland, Somalia and Puntland adopt legislative and policy frameworks to protect boys and girls from all forms of abuse, neglect and exploitation. 3. Government welfare institutions and CSOs have the capacity to deliver protection services to children (boys and girls), including	Local and international CSO partners, federal and regional sectoral ministries, United Nations (UN-Women, UNSOM and UNFPA) and donors.	6 750	7 274	14 024
	Percentage of girls and women (15-49 years) who have undergone female genital mutilation/cutting B: 98% T: 90%	National survey/routine data					
	Number of regulatory/policy frameworks addressing identified child protection priorities	Policies available					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: 2 T: 8		during humanitarian situations.				
	Percentage of reported cases of violence against boys and girls B: N/A T: reduced by 50%	Monitoring and reporting mechanisms					
6. By 2020, more children receive assistance through pilot social-protection programmes designed to enable all children to fully participate in the social and economic development of the nation and reach their full potential.	Percentage of targeted children benefiting from pilot social protection programmes B: 0 T: 95%	Quarterly Government-led social-protection coordination body meetings Social-protection policy drafted and endorsed by Government	1. Improved policies, processes, coordination mechanisms and capacities are in place to support the basic social-protection system through which Government-owned and managed social-protection programmes will be delivered post-2020. 2. The knowledge and capacity of the Government and other partners is increased to identify and respond to the social and economic inclusion of urban children and youth in social-protection and development programmes.	Local and international CSO partners, federal and regional sectoral ministries, United Nations partners (WFP and the World Bank) and donors.	1 200	1 458	2 658
7. UNICEF, the Government and partners adopt improved practices for effectively planning, implementing and monitoring programmes and delivering quality, multi-sectoral and equity focused results.	Percentage of country programme results that are annually reported as on track or achieved B (2016): outcomes 83%, outputs 65% T: outcomes 95%, outputs 100%	Annual and mid-year review processes	1. UNICEF uses optimal programme efficiency and effectiveness planning, monitoring and evaluation procedures and systems to achieve optimal results. 2. UNICEF, the Government and partners are capable of developing the capacity of women, girls and boys, families and communities to lead and actively participate in their own development, including during shocks and stresses, by adopting essential family behaviours and practices and	Local and international CSO partners, federal and regional sectoral ministries, United Nations (UNDP, WFP and FAO) and donors.	13 500	25 434	38 934

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			enhancing local and community-managed services. 3. Convention on the Rights of the Child-informed, equity-focused and gender-sensitive policies, strategies and government capacities are in place to identify socially and economically excluded children and support increased access to basic services. 4. UNICEF and national capacities are strengthened to deliver humanitarian assistance aimed at reducing need and vulnerability and building resilience.				
Total resources					**40 740**	**227 011**	**267 751**